

Houston Center for Quality of Care & Utilization Studies

VA Health Services Research & Development

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Dr. Carol M. Ashton appointed Director, Houston Center of Excellence

By Carol M. Ashton, MD, MPH

The Houston Center of Excellence has reached a pivotal moment in its young history. As we complete our eighth year, I am honored to accept the position as center director.

We owe much of our stability and growth to Dr. Nelda P. Wray, who led the Center for the first eight years. Now, Nelda has accepted a new appointment as the Chief of the Section of Health Services Research in the Department of Medicine, Baylor College of Medicine, the department's first new section in 20 years. Nelda will continue as a researcher and mentor at the Center of Excellence, and she has shared her reflections on her career with the Center in this issue of our newsletter.

As of July 15, 1998, when my appointment as Director was formalized, the Center had 50 staff and a budget for FY98 of \$3.4 million. The Center's rapid growth and success in research testifies to the caliber of Dr. Wray's work, as well as to the excellence of the researchers and staff who have worked together over the past eight years.

As we embark on this new era for the Center, I have no illusions about the task that lay ahead. As Lester Thurow said: "Failure requires change, but so does success...Success generates new conditions, and these new conditions often require different institutions and altered operating procedures if success is to continue."

In my first months as Director, I systematically reviewed our past objectives and goals, in



order to begin a new strategic planning process for our future. Our new strategic plan will be developed with input from all Field Program staff and will be premised on 7 strategic goals:

Goal 1: By the significance, rigor, impact, and quantity of our studies, to make major contributions to quality-of-care and utilization research within and outside the VA health care system.

Goal 2: By systematic study of the uses, strengths, and limitations of administrative health care databases, to achieve national prominence in developing the role of such databases for quality assessment and improvement.

Goal 3: To support the VA Health Services Research & Development Service in achieving its mission of "advancing knowledge and promoting innovations that improve the health

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The Houston Center for Quality of Care and Utilization Studies (HCQCUS) is one of 11 VA Health Services Research and Development Field Programs (VA HSR&D). Established in 1990, the Houston Center systematically examines the impact of the organization, management and financing of health care services on the delivery, quality, cost, utilization and outcomes of care.

All Center research, technical assistance and post-doctoral training directly or indirectly serve the needs of our nation's veterans, or the VA health care system.

We have particular expertise in analysis of large health and hospital databases and health outcome analysis. Our primary areas of research include: determinants of utilization of health care, quality assessment using large databases, outcome measures of quality and effectiveness, assessing patients' values and preferences, qualitative methodology, and clinical outcomes.

Several Center researchers are clinicians at the Houston VA Medical Center, a member institute of the Texas Medical Center, and all Center researchers are Baylor College of Medicine faculty members.

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New Staff

Tracie C. Collins, MD (University of Oklahoma College of Medicine), MPH (Harvard School of Public Health) has just joined the Houston VA Medical Center. Her research interests include variation in care and physician-patient relationships. She has relocated from Boston after a two-year fellowship in General Internal Medicine. She hopes to make use of Houston's fall and winter climate for outdoor jogging.

Tony Greisinger, PhD (University of Texas School of Public Health-Houston) has joined the Houston Field Program as the Executive Director of the VA Chronic Heart Failure-QUERI Coordinating Center. His primary research interests are the concerns of terminally ill patients and patient-centered outcomes. He enjoys watching classic movies and running at Memorial Park.

Paul Haidet, MD (Penn State-Hershey), MPH (Harvard School of Public Health) is a new clinician-researcher joining the Center. His professional interest is the doctor-patient relationship and doctor-patient communication. Paul enjoys jazz and time spent with his wife Mary Lynn and son Alex.

Sandra Lithgow, MD (Albert Einstein College of Medicine) was hired as Instructor of Clinical Medicine. She completed her training in Internal Medicine at Columbia Presbyterian Medical Center. Her research interests include women's health and minority health. She will be working towards her MPH while here in Houston.

Laura Petersen, MD (Case Western Reserve University, Cleveland), MPH (Harvard School of Public Health) is a general internist who has joined the Houston Center as research team leader. She did her residency, fellowship, and public health training at Harvard. She then spent five years on the faculty at Harvard Medical School and HSR&D Center in West Roxbury, MA. She has a number of ongoing research projects and grants investigating health care access and health care quality. She and her husband, Eric, keep busy chasing after their 18-month-old daughter, Caroline, and their dog, Rodney. The family looks forward to throwing away all of their snow shovels and snow suits.

Wednesday Foster, MPH (University of North Texas Health Science Center), is a new Research Health Science Specialist assisting Dr. Carol M. Ashton. Wednesday's primary research interests include communicable disease surveillance and issues relating to ethical treatment of patients and patient satisfaction. Wednesday is married

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Dr. Nelda P. Wray reflects on her career and discusses her new appointment as Chief, Health Services Research at Baylor

After eight years as Center Director, Dr. Nelda P. Wray has accepted a new appointment as Chief, Section of Health Services Research, Department of Medicine, Baylor College of Medicine—the department’s first new section in 20 years.

Dr. Wray’s new post is a tribute to her success. In 1975, she became the first woman appointed as chief resident in the Department of Medicine at Baylor. Since 1977, she has served as Chief, General Medicine Section, Houston VA Medical Center. At the national level, Dr. Wray was a 1994-1995 Robert Wood Johnson Health Policy Fellow, and she was selected by former Senator Bob Dole to assist his office with the formulation of health policy.

Dr. Wray has always been fascinated with how to provide the best quality of health care for all patients. Through her efforts, she has become recognized as an outstanding clinician, educator and researcher. As she settles into her new office on the VA campus, Dr. Wray talked about her career and the Center of Excellence.

“I started at the VA as a clinician-educator in 1977, after having done a pulmonary fellowship and a chief residency, with the intent of really making the VA a premier educational place,” said Dr. Wray. “During the first 7 years of my career I ran the morning report for many years and I ran the ICU—they even developed a conference once a week called ‘Wray Rounds’ where they could bring any complicated case and I’d discuss the case.”

After 15 years as a teacher, Dr. Wray began to look beyond the role of educator. “I think that by the mid-80s, as is true for so many who teach

introductory lectures, I got to the point where I felt like a broken record. I was in pulmonary disease, so I lectured on how to interpret acid-base disorders, arterial blood gas abnormalities, and how to evaluate causes of hypoxemia; you teach the same thing every year because they’re (students) in the same place and they must learn the beginning material,” she said. “I had a sense that there would be an excitement to advancing knowledge, to learn statistics and epidemiology, and not just synthesize and repeat somebody else’s research.”

Learning Health Services Research

Dr. Wray enrolled in the University of Texas, School of Public Health in 1984, while still working at the VA.

“I really didn’t go over there at the time to learn how to do health services research,” she said. “At the time, I was a lung doctor and lung cancer was very prevalent here. The Houston

Dr. Nelda P. Wray

VA diagnosed one out of 20 of all the lung cancers diagnosed in the United States. I expected to gain knowledge at the School of Public Health and then I thought I'd come back here and do some clinical studies on lung cancer to try to find out more about lung cancer and to make patients' lives better. But like many doctors who do health services research, I realized the importance of trying to organize this health care system."

During the 1970s national issues in health care piqued Dr. Wray's interest in health services research. "In the late 70s, I gave a lecture on the effect of the rising proportion of gross national product that was going to health care.

"...like many doctors who do health services research, I realized the importance of trying to organize this health care system."

-Nelda P. Wray, MD, MPH

At the time it was a little over 7% and economists said that if it got to 10%, the economy wouldn't survive.

"During the same time, Time magazine had a cover article about Chrysler paying back the loan that the government had given to help Chrysler from going broke. The article was about how Chrysler wouldn't have ever had any deficit, much less almost gone broke, if it didn't

have to pay health care benefits. For Chrysler, health care benefits were such a large proportion of the cost of their cars that it was one of the things making them noncompetitive on the international market," she said.

"In retrospect, all of these issues are really central to health services, but it never really jelled for me until I went to the University of Texas School of Public Health, where I not only developed the knowledge in statistics and epidemiology, but rekindled this fire about where I might take my career to do science."

Launching the Houston HSR&D Field Program

"From 1984, when I first decided I was interested in pursuing a Field Program, we worked very hard to get to know how the existing Field Programs worked. This helped me gain perspective on the importance and awareness of the structure of field programs to conduct our research," said Dr. Wray. "Within a year after finishing my degree, I applied for our first grant from the VA HSR&D Service, an investigator initiated proposal, which would extend my masters thesis: Readmission within 14 days — Quality of Care Indicators for the Houston VA. My VA grant proposal was to expand the 14-day Readmission study across the entire VA, using the VA's hospital discharge data sets."

Dr. Wray's research and awareness of the field program system paid huge dividends. "We didn't get our chance to become a field program until 1988, when the new director of VA Health Services Research and Development Service in Headquarters, Dr. Daniel Deykin, put out a call for field program applications. Carol Ashton, Nancy Petersen, who was a masters level statistician at the time, and I sent in a letter of intent, along with about 20 or more other VA Medical Centers," she said.

"Of that group, 10 were selected to put in full proposals, and 5 were chosen for site visits.

Dr. Nelda P. Wray

Dr. Deykin said he'd fund two for sure, and we were ranked number 3 out of the 5 sites they reviewed.

"I can remember the fear of getting it and the fear of not getting it," she said.

"When we won the field program award, I can vividly remember the first initial phase, the enormous excitement of trying to do something new. I had an initial budget of \$400,000 that grew to \$500,000—the largest sum I'd ever dealt with in my young career and I was barely starting my own research career.

"I not only had to develop my own science, but I had to foster the development of the whole unit's science. Dr. Deykin made it clear from the beginning that this was not to be a unit that would act totally to develop my scientific track. I was to build a unit that has a broad vision, with researchers who carry forth their own research career," said Dr. Wray. "We didn't have our own space to show them and I had to encourage PhD's to take a gamble, coming out of major schools and come down here and help me build this. Within 18 months to 2 years, we had recruited to all our slots at the PhD investigator level."

Today, nearly 50 staff call Houston and The Center of Excellence home.

"Over time, my management strategy has emerged and grown. It's always been my philosophy that you identify and recruit people who have a pride and vision for themselves, and a vision that meets with where you want to go with your whole program," she said. "Then you allow them the space to run it. By giving them space, you allow them to achieve the respect they want to achieve.

"You don't have to strike the match and light the fire in the belly of those people. I recruit people who have the excitement of winning the game. My job is to remove the barriers and provide encouragement. That's the way I've managed this place," she said. "Now, with that

atmosphere, the place has flourished."

Accepting a New Challenge: Health Services Research at Baylor

While Dr. Nelda P. Wray will remain at the Center as a lead researcher and mentor, she has accepted a new appointment as Chief of the Section of Health Services Research at Baylor, from Dr. Andrew Schafer, Chief of Medicine at Baylor College of Medicine.

"Dr. Andrew Schafer's offer to become the Chief of Health Services Research at Baylor was just a great honor. It's the first new section for the Department in 20 years, and I see this new section as building on the great scholarship in the field program," she said. "We're creating a section primarily to advance research. We know that this type of research is important, but for medical schools this is a bit new. Certainly we will also emphasize training of new health services researchers to build for the future."

Dr. Wray envisions three cores for the new section: Values, Preferences, and Behaviors; Outcomes; and Health Policy. "The three units or cores can be described as different, but interrelated goals," she said.

"Researchers in the Behaviors Core will conduct and disseminate research on patient values, beliefs and social structures and how these interact with disease and health care systems. This core is designed primarily to first assess patient values, and then incorporate patient values into decision-making," said Dr. Wray. "We must learn how to have patient values conveyed by patients to practitioners because it is practitioners who will do the assessment, not the researcher in the field."

A further aim of the Behaviors Core is to design interventions to maximize patient quality of life and quality of patient-provider interactions.

"We have found that patients' demographic characteristics and cultural experiences affect their health-related behaviors and their interac-

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Dr. Nelda P. Wray

tions with providers. Similarly, providers' responses to patients may differ according to patients' demographics. If all patients are to receive equal-quality care, these issues must be better understood," she said.

According to Dr. Wray, the Outcomes Core will be concerned with efficacy and effectiveness.

"First, under randomized trial conditions, is the intervention efficacious? Next, we need to see how things go in the real world, when patients may not follow instructions, or doctors may not follow all the rules. So within the health care environment, is it effective?" she said. "Clearly, these are stepping stones for one another. First check the efficacy, then check the effectiveness."

The third core, Health Policy, is designed to address current issues in health care and health care practice. "Health policy is really very broad, but within its broad parameters, the team chose some specifics, such as health care cost, quality, and access. We also want to place a special emphasis on how legislation and other policy affect health care in Texas," she said.

For Dr. Wray, the new Section of Health Services Research at Baylor would not be possible without the Field Program. "The new section will be built on the shoulders of the VA HSR&D Field Program," she said, and is a testament to the high quality of the research performed by the Field Program staff.

When asked to pick her most memorable event, Dr. Wray said, "there have been so many, it's hard to pick just one. The whole thing really has been tremendous. But recently, I saw Dr. Dan Deykin, who made the decision to fund us as a field program.

"He said: 'You know, Nelda, I want to tell you something that I've thought many times, but never said. The best decision that I made during the eight years I was in charge of VA Health Services Research Service was taking a risk on funding your field program.'

"That really made me proud."

Selected Publications

Wray NP, Nicotra MB. Pathogenesis of neurogenic pulmonary edema. *Am Rev Resp Dis* 1978;118:784-90

Wray NP, DeBehnke RD, Ashton CM, Dunn JK. Characteristics of the recurrently admitted patient: an information synthesis. *Med Care* 1988;26:1046-56.

Wray NP, Brody B, Bayer T, et al. Withholding medical treatment from the severely demented patient. *Arch Intern Med* 1988;148:1980-4.

Wray NP, Ashton CM, Kuykendall DH, Petersen N, Soucek J, Hollingsworth JC. Selecting disease-outcome pairs for monitoring the quality of hospital care. *Med Care* 1995;33:75-89.

Wray NP, Ashton CM, Kuykendall DH, Hollingsworth JC. Using administrative databases to evaluate the quality of medical care: a conceptual framework. *Soc Sci & Med* 1995;40:1707-1715.

Clark JA, **Wray NP**, Brody B, Ashton CM, Geisler G, Watkins H. Dimensions of quality of life expressed by men treated for metastatic prostate cancer. *Social Sci & Med* 1997;45:1299-1309.

Wray NP, Petersen NJ, Soucek J, Ashton CM, Hollingsworth JC, Yu H-J. Application of an analytic model to early readmission rates with the Department of Veterans Affairs. *Med Care Res & Rev* 1997;35:768-81.

Wray NP, Hollingsworth JC, Petersen NJ, Ashton CM. Case-mix adjustment using administrative databases: a paradigm to guide future research. *Med Care Res & Rev* 1997;54:326-56.

Wray, N.P., Weiss, T.W., Christian, C.E., Menke, T.J., Ashton, C.M., The Health Status of Veterans Using Mobile Clinics in Rural Areas. In Press.

Wray NP, Petersen NJ, Soucek J, Ashton CM, Hollingsworth JC. Development and application of a quality indicator: the multistay ratio. In Press.

New Staff

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to husband, Dean, and has a border collie/blue heeler, Kiki. Wednesday is a community breast cancer education volunteer and enjoys running, cooking, and gardening.

Paul Gregor, PhD (University of Texas School of Public Health), returns to the Houston HSR&D Center to manage the Center's growing information systems. He will seek to improve the Center's systems, networks, and interfaces to the rest of the world. In his previous tenure at the VA he had been principal investigator of the Center's study of VA's mobile clinics. He has 17 years experience in computer systems engineering at NASA's Johnson Space Center.

Frank Martin, MS (University of Wisconsin, Madison), is the new Public Information Officer at the Center. Frank enjoys African music and volunteers for the Texas State Independent Living Council.

Johnnie Woods, MS (University of Texas, School of Public Health-Houston), is a Program Support Assistant for the CHF QUERI project. Johnnie's primary interests include the role of nutrition in the prevention/delay of chronic diseases such as cancer and heart disease. Johnnie is married to husband, Robert, and has three children and various pets, including a geriatric South American frog.

Selected Publications

1. Abraido-Lanza AF, Guier C, **Colon RM**. Psychological thriving among latinas with chronic illness. *Journal of Social Issues* 1998; In press.
2. **Ashton CM**, Kuykendall DH, **Johnson M**, **Wray NP**. An empirical assessment of the validity of explicit and implicit process-of-care criteria for quality assessment. *Med.Care* In press.
3. **Ashton CM**, **Petersen NJ**, **Wray NP**, **Yu HJ**. The Veterans Affairs medical care system: hospital and clinic utilization statistics for 1994. *Med.Care* 1998; 36:793-803.
4. **Byrne MM**, **Ashton CM**. Incentives for vertical integration in health care: The effect of payment system. *Journal of Healthcare Management* 1998; In press.
5. Charmaz K, **Paterniti D**, (eds.). *Health, Illness, and Healing: Society, Social Context, and Self*. Los Angeles: Roxbury Publishing Company, 1998.
6. **Collins TC**, **Gordon HS**, **Johnson ML**, Daley J, Henderson WG, Khuri SF. Racial variation in mortality following elective surgery for vascular disease. 1999; 17th Annual HSR&D Meeting, Washington, D.C.
7. **Cook KF**. New to Rasch? *Rasch Measurement Transactions* 1998; II3:585
8. **Geraci JM**, **Ashton CM**, Kuykendall DH, **Johnson ML**, **Soucek J**, Del Junco DJ, et al. The association of quality of care and occurrence of in-hospital treatment-related complications. *Med.Care* 1998; In press.
9. **Gordon HS**, Rosenthal GE. The relationship of gender and in-hospital death. Increased risk of death in men. *Med.Care* 1998; In press.
10. **Haidet P**, Hamel M, Davis RB, Wenger N, Reding D, Kussin P, et al. Outcomes, preferences for resuscitation, and physician – patient communication among patients with metastatic colorectal cancer. *Am J Med* 1998; 105:222-229.

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Houston Center Publications

11. **Menke TJ**, Homan R, Kashner M. Determining Costs in VA: Research Design Problems and Solutions Illustrated with Case Studies. *Med.Care* 1998; In press.
12. **Menke TJ, Ashton CM, Petersen NJ, Wray NP**, Wolinsky FD. Impact of an All-Inclusive Diagnosis-Related Group Payment System on Inpatient Utilization. *Med.Care* 1998; 36:1126-1137.
13. **Petersen L**, Burstin HR, O'Neil AC, Orav EJ, Brennan TA. Non-urgent emergency department visits: the effect of having a regular doctor. *Med.Care* 1998; 36:1249-1255.
14. **Rabeneck L, Wray NP**, Graham DY. Managing Dyspepsia: What do we know and what do we need to know? *Am.J.Gastroenterol.* 1998; 93:920-924.
15. Weiss T, Weiss L, Teeter D, **Geraci JM**. Care provided by VA mobile clinic staff during Northridge earthquake relief. *Prehospital and Disaster Medicine* 1998; In press.
16. Weiss TW, **Wray NP, Menke TJ, Gregor PJ, Ashton CM**, Christian CE. Evaluation of the VA Mobile Clinics Demonstration Project. *J Healthcare Management* 1999; In press.
17. **Wray NP, Petersen NJ, Soucek J, Ashton CM**, Hollingsworth JC. The Multistay Rate as an Indicator of Quality of Care. *Health Services Research* 1998; In press.
18. **Wray NP**, Weiss TW, Christian CE, **Menke TJ, Ashton CM**. The Health Status of Veterans Using Mobile Clinics in Rural Areas. *J Healthcare Poor Underserved* 1998; In press.

Employment Opportunities

SAS PROGRAMMER. The Center of Excellence has a position available for a SAS programmer. Applicant will develop and test statistical models using large medical databases. Applicants must have the ability to work with micro, mini, and mainframe computers and to work effectively as a team member. Graduate level standing or equivalent specialized experience in statistics, math, computer science, or a related field, is preferred. Extensive knowledge of statistics is a plus. Must be a U.S. citizen. Send curriculum vitae to: Joyce McDaniel, VA Medical Center (152) 2002 Holcombe Blvd., Houston, TX 77030 or fax to 713/794-7103. The Department of Veteran Affairs is an equal opportunity employer.

POSTDOCTORAL FELLOWSHIP. The Center of Excellence is accepting applications from recent

doctoral degree graduates for a postdoctoral fellowship in health services research. The fellow is expected to develop and conduct a research project under the direction of a preceptor on the organization, delivery, costs, or outcomes of health care. The fellowship term is one year, but a second year is possible. Qualified candidates must have received a doctoral degree in one of the following disciplines: economics, psychology, epidemiology, sociology, health policy, statistics, or a related field. Candidates must be U.S. citizens. The one year fellowship will begin on October 1, 1999. To apply, send curriculum vitae, three references, and a cover letter describing your research interests and career goals to: Joyce McDaniel, Administrative Officer, Health Services Research & Development Center for Excellence, VA Medical Center (152), 2002 Holcombe Blvd., Houston, TX 77030.

Health Policy Research Institute

A branch of the Houston Center for Quality of Care & Utilization Studies

By Matt Price, MS, RRA

In her State of the Center of Excellence address in October, Dr. Carol M. Ashton, director of the Houston Center for Quality of Care and Utilization Studies, presented seven strategic goals. One of those goals is to enable the research methods and findings developed by the Center to impact the actual delivery of VA health services. This will be accomplished by means of a financially self-supporting Health Policy Research Institute (HPRI) within the Center, with which VA management can contract for specific analytic services.

To achieve this goal, three new strategies were developed. First, an updated cost structure will be developed for charging and contracting purposes. Second, an effective and VA-appro-

priate method of marketing products and services will be devised. Third, HPRI "profits" will be earmarked for staff development. A completed action plan and re-evaluation of the existing HPRI structure will be submitted by the HPRI's executive director by March 1999 that addresses these strategies. Since its inception almost two years ago, the HPRI has contracted with the VA to produce analyses of hospital and clinic utilization and survival rates, bed-days-of-care, outpatient visit rates, provider profiling, and other management-related analyses.

Future products and services will reflect the new strategies and will continue to be aligned with the philosophy that the HPRI is the vehicle by which the Center transforms research into practice.



VA Chronic Heart Failure-Quality Enhancement Research Initiative (CHF QUERI)

By Tony Greisinger, PhD

The goal of the CHF QUERI is to create measurable, rapid, and sustainable improvements in quality of care and health outcomes of veterans with heart failure. The initiative will include these objectives:

- Identify gaps in science, practice, and informatics that, if filled, will yield rapid returns in improving care in CHF. The CHF QUERI also will recommend to the VA how best to use its resources to close these important gaps.
- Create and foster a network of VA professionals who are deeply committed to improving care for patients with CHF.
- Monitor practice in heart failure from both the system's and the patient's perspective.
- Create an information dissemination loop to ensure VA practitioners are kept up to date with best practices in CHF and with the most pressing research needs.

- Inventory and advocate for improvement in the ongoing VA data collection efforts pertaining to quality improvement in CHF.

The VA Health Services Research and Development Service and CHF QUERI has issued four Program Announcements related to CHF:

- 1 Investigator-Initiated Research Priorities in Chronic Heart Failure
- 2 Service Directed Research on Comprehensive, Integrated Programs for Optimizing Health Outcomes and Cost Effectiveness in Chronic Heart Failure
- 3 QUERI: Common Issues in Implementation of Clinical Guidelines
- 4 QUERI: Patient Centered Outcomes

These solicitations are available on the VA web page at <http://www.va.gov/resdev/hsr-sols.htm> or e-mail Dr.Greisinger at greising@onramp.net

AHCPR conference offers advice to grant applicants

By Frank Martin, MS

Houston -- Funding opportunities are growing for health services research, said Linda Blankenbaker, a spokesperson for the Agency for Health Care Policy and Research (AHCPR), during a recent conference at Baylor College of Medicine.

The conference, sponsored by the new section of health services research and directed by Dr. Nelda P. Wray, featured Blankenbaker and local experts, who shared advice with local researchers on submitting grants to AHCPR.

AHCPR, a part of the Public Health Service in the U.S. Department of Health and Human Services, is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services, said Blankenbaker. "When we look at grant applications, we look for research that addresses different decision-making levels such as health care systems, public policy-makers and clinical decision-makers."

Blankenbaker said the agency will prioritize on health outcomes research; quality measurement and improvement; and health care access, use and expenditures in 1999. "Our goal is to facilitate research opportunities for experienced researchers and for newly trained health services researchers," she said.

Blankenbaker said AHCPR seeks projects that:

- Develop and disseminate research-based information to increase the scientific knowledge needed to enhance decision-making, improve quality, and promote efficiency in health care delivery;
- Draw from the literature on practice variations and chronic diseases, and focus on the impact of different delivery modalities and financing arrangements on the outcomes of care;
- Strengthen quality measurement and improvement through studies to develop valid and

reliable quality measures, and strategies for incorporating quality measures into programs of quality improvement;

- Identify strategies to improve access, foster appropriate use, and reduce unnecessary expenditures of health care services that Americans use;
- Consider as a special focus of research health issues related to minority populations, women, and children.

During the conference, expert panelists **Drs. Lu Ann Aday**, Professor of Behavioral Sciences from University of Texas, School of Public Health; **Jay Glasser**, Professor of Biometry from University of Texas, School of Public Health; **Carol M. Ashton**, Associate Professor of Medicine from Baylor College of Medicine; and **Nancy J. Petersen**, Assistant Professor of Medicine at Baylor College of Medicine, described the peer review and approval process to conference attendees. Through the peer review process, applicants receive a written critique by expert reviewers and projects of highest scientific merit are chosen for funding.

"I like to think of the review board in an anthropological way," said Dr. Glasser. "Several people from different disciplines are thrown together. They don't get compensated for it, but they are very dedicated to the task. It's a very heterogeneous group, so a balanced proposal is a very practical tip."

Dr. Aday, a world-renowned health services researcher, described the commitment of reviewers. "The study section works very hard before hand, investing lots of time and effort. They see their role as a public good and they take it very seriously."

Dr. Ashton, Director of the Houston Center, said that reviewers often spend 8 hours or more evaluating each proposal they've been assigned, in preparation for the study section meeting.

The expert panelists noted several key areas of the application that receive scrutiny, including the literature review. "A comprehensive literature review is important, and the question is how well the researcher has synthesized the current state of knowledge," said Dr. Ashton. "In part, your literature review should suggest where in the

Accolades

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Astra Pharmaceuticals, Novartis, Parke-Davis Company, Pfizer, Inc. Rhone-Poulenc Rorer, Inc.

October-November

Linda Rabeneck MD, MPH, FRCPC, was co-director of the American College of Gastroenterology's annual post-graduate course: "A board review and update in clinical gastroenterology," in Boston. During the ACG annual meeting, Rabeneck was appointed to the ACG's Board of Trustees and interviewed on television about her research on measurement of Dyspepsia. In addition, Dr. Rabeneck presented "Indications for PEG Placement – The Decision Making Process," at the 6th Nutritional Update Meeting: Dilemmas in Tube Feeding, Hammersmith Hospital, Imperial College School of Medicine, London, UK.

August-September

Laura Petersen, MD, MPH, presented "Variation in Care for Acute Myocardial Infarction in the VA Health Care System" at Baylor College of Medicine Grand Rounds.

Jane M. Geraci, MD, MPH, presented "What's New About Evidence-Based Medicine," "An Introduction to Evidence-Based Medicine," and "Keeping Up with and Searching the Medical Literature," at four local hospitals: Methodist, St. Luke's Episcopal Hospital Grand Rounds, Ben Taub, and the Houston VA Medical Center.

Nancy J. Petersen, PhD, biostatistician at Houston HSR&D, was a panelist for "Demystifying the Peer Review Health Services Research Process," sponsored by the Baylor College of Medicine, Section of Health Services Research.

Margaret Byrne, PhD, presented "Death with Dignity: A new proposal for rationing treatment by patient preference," with **Nelda P. Wray, MD, MPH**, at Houston's VA Grand Rounds. Byrne also presented "Willingness to pay values for prostate cancer and treatment effects" at the Cancer Care Symposium, Chicago, IL.

June-July

Debora Paterniti, PhD, was promoted to Assistant Professor, Department of Medicine, Baylor College of Medicine.

AHCPR Conference

'life-cycle' the research is presently located. The literature review must state what is known, what is unknown and what is sought."

Research projects must also have an integrated design and analysis plan to receive funding approval. "There must be a coherent theory, a conceptual framework or underlying set of relationships that can serve as anchors for your study," said Dr. Aday.

Dr. Petersen told conference attendees that statistical rendering, the specialized understanding of how the concept relates to the statistical modeling is also key. "Often the difference between funded and unfunded proposals is the attention to statistical elements, including the power calculations," said Dr. Petersen.

Petersen also cautioned against overly ambi-

tious projects. "Young investigators have a tendency to have too large a scope; the scale and scope of the project must be reasonable. Often simple is best," she said.

Often new studies are not approved because they lack a pilot study, said Dr. Glasser. "A pilot study can be small, using 25 subjects or a data set. The panel will want to see if you've tested out your idea," he said.

In summary, the panelists agreed that applicants must convince a diverse and demanding audience. "Persuading this heterogeneous group of reviewers is of utter importance," said Dr. Ashton. "By means of the content and format of your proposal, you must 'herd' your review panel to the inescapable fact that they should fund your study."

Dr. Ashton appointed Director, Houston HSR&D

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and care of veterans and the nation.”

Goal 4: To enable the research methods and findings developed by the Center to impact the actual delivery of VA health services, by means of a financially self-supporting *Health Policy Research Institute* within the Center, with which VA management can contract for specific analytic services.

Goal 5: To become a highly desired and competitive site for the development and training of the health services researchers of the future.

Goal 6: To enhance the productivity and job satisfaction of each staff member by means of a work environment devoted to professional development.

Goal 7: To enhance the Center’s financial foundation by diversifying its funding streams to include VA research grants, grants from other federal agencies, grants from foundations, and training grants.

It’s an honor to be selected to lead a unit that has such a strong group of health services researchers and is so highly regarded inside and outside the VA. I look forward to working with you, our colleagues, to improve health care for our nation’s veterans.

Accolades

January

A Houston Center research team, led by **Carol M. Ashton, MD, MPH**, published new findings on Geographic Variation in Hospital and Health Services Usage Rates in the January 7, 1999 issue of the New England Journal of Medicine.

December

Nancy J. Petersen, PhD, received a \$220,000 grant from the American Heart Association to conduct research on resource utilization and outcomes in patients with chronic heart failure.

Nancy Kressin, PhD, a psychologist (principal investigator) at the Bedford VA and **Laura Petersen, MD, MPH**, (co-principal investigator) a VA Career Development Award recipient, received a \$450,000 AHA award to conduct research on racial differences in health related quality of life among potential candidates for revascularization. Both grants are sponsored by AHA’s Pharmaceutical Roundtable members: Bristol-Myers Squibb, Wyeth-Ayerst Laboratories,

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*Houston Center for
Quality of Care
Utilization Studies*

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